

Please indicate plus sign (+) inside this box. → ☒

PTO/SB/05 (2/98)

# UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.

NIAD-213.1

First Inventor or Application Identifier

JACOBSON

Title

METHOD FOR IDENTIFYING REGULATORS OF PROTEIN-ADVANCED GLYCATION END PRODUCT (AGE) FORMATION

Express Mail Label No.

EL649533752US

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ \*Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

2. ☒ Specification  
(preferred arrangement set forth below)

Total Pages

28

- Descriptive title of the invention
- Cross References to Related Applications
- Reference of Microfiche Appendix
- Background of the invention
- Brief Summary of the invention
- Brief Description of the Drawings (if filed)

- Detailed Description

- Claim(s)

- Abstract of the Disclosure

3. ☒ Drawing(s) (35 U.S.C. 113)

Total Sheets

19

4. ☒ Oath or Declaration

Total Pages

3

☒ Newly executed (original or copy)

☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)

i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)

5. ☐ Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation

☐ Divisional

☐ Continuation-in-part (CIP)

of prior application No:

Prior application information:

Examiner:

Group / Art Unit:

## 18. CORRESPONDENCE ADDRESS

☐ Customer Number or bar code label

(Insert Customer No. or Attach bar code label here)

or



Correspondence address below

Name

Fulbright & Jaworski LLP

Address

666 Fifth Avenue

City

New York

State

New York

ZIP Code

10103

Country

USA

Telephone

212-318-3000

Fax

212-318-3400

Name (Print/Type)

Norman D. Hanson

Registration No. (Attorney/Agent)

30,946

Signature

*Norman D. Hanson*

Date

April 16, 2001

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

## ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))

9. ☐ 37 C.F.R. § 3.73(b) Statement  
(when there is an assignee)



Power of Attorney

10. ☐ English Translation Document (if applicable)

11. ☐ Information Disclosure Statement  
(IDS/PTO-1449)



Copies of IDS Citations

12. ☐ Preliminary Amendment

13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

14. ☐ \*Small Entity Statement(s)  
(PTO/SB/09-12)



Statement filed in prior application, Status is proper and desired

15. ☐ Certified Copy of Priority Document(s)

16. ☒ Other: Check For Filing Fee

\* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

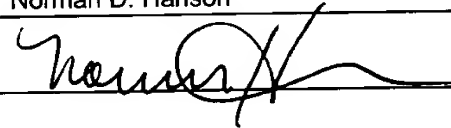
<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	JACOBSON
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	NIAD-213.1

**FEE CALCULATION**

(1)	(2)	(3)	(4)	(5)
FOR: <b>Small entity</b>	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE <b>\$355.00</b>
TOTAL CLAIMS	11 - 20 =	0	x 18/9.00	\$ 0.00
INDEPENDENT CLAIMS	2- 3 =	0	x 78/39.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$260/130.00	_____
			<b>TOTAL FEES</b>	<b>\$355.00</b>

**METHOD OF PAYMENT**

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$ \_\_\_\_\_
- ☒ A check for \$355.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

<b>SUBMITTED BY:</b>			<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson		Reg. No. 30,946
Signature		Date: April 16, 2001	<b>Deposit Account No. 50-0624</b>

CERTIFICATE OF EXPRESS MAIL

"Express Mail" mailing label # EL64953375ZUS

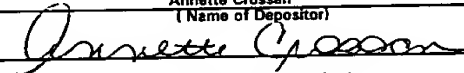
Date of Deposit

April 16, 2001

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231

Annette Crossan

(Name of Depositor)



(Signature of Depositor)

09836576-041601

**Method for Identifying Regulators of Protein-  
Advanced Glycation End Product (Protein-AGE) Formation**